

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

May 21, 2026

[REDACTED], EXECUTIVE DIRECTOR
GRAYSTONE MANOR ALTOONA LLC
[REDACTED]

RE: GRAYSTONE MANOR ALTOONA
2611 8TH AVENUE
ALTOONA, PA, 16602
LICENSE/COC#: 33686

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/07/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information		
Name: GRAYSTONE MANOR ALTOONA	License #: 33686	License Expiration: 10/21/2026
Address: 2611 8TH AVENUE, ALTOONA, PA 16602		
County: BLAIR	Region: CENTRAL	

Administrator		
Name: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]

Legal Entity		
Name: GRAYSTONE MANOR ALTOONA LLC		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: I-1	Date: 08/10/2020	Issued By: City of Altoona

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 90	Waking Staff: 68

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #:
Reason: Renewal, Incident		Exit Conference Date: 05/07/2026

Inspection Dates and Department Representative	
05/07/2026 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 85		Residents Served: 68	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 10			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 68	
Diagnosed with Mental Illness: 1		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 22		Have Physical Disability: 0	

Inspections / Reviews		
05/07/2026 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/21/2026
05/18/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 05/21/2026	
Reviewer: [REDACTED]	Follow-Up Type: Document Submission	Follow-Up Date: 05/29/2026

Inspections / Reviews *(continued)*

05/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 5/7/26, at 9:27AM, a RSS Task Sheet was located on the linen cart in the hallway unattended and accessible. The Task Sheet contained residents' names, care requirements for the shift, and if the residents were receiving hospice services.

On 5/7/26, at 1:48PM, a red folder containing resident information was observed on a linen cart in the hallway by the activity room, unattended and accessible. The folder contained residents' names and care requirements for the shift.

Plan of Correction

Accept (█ - 05/18/2026)

In response to the violation on 05/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2026 by the Wellness Coordinator to secure task sheets for all staff to prevent access by unauthorized persons. All present caregiving staff were immediately educated on keeping records private. All current and future staff will be educated that tasks sheets or any other documentation regarding residents and personal information is to be kept in an area that is locked and inaccessible to unauthorized persons at all times. This will be added to all shift report exchange for every shift for the next week to ensure that all staff are aware. The Wellness Coordinator will ensure that all future staff are educated on this requirement. Effective May 8, 2026, the Wellness Coordinator will perform daily checks of common areas to ensure no private information is accessible to unauthorized persons and that tasks sheets are maintained securely through May 15, 2026 to maintain ongoing compliance with keeping resident records confidential. Weekly and periodic checks will be conducted for two months. Any deficiencies will be corrected immediately, staff re-education provided, and findings will be documented and reviewed internally for continuous improvement purposes. Findings are reported to the Executive Director weekly for review.

Licensee's Proposed Overall Completion Date: 07/10/2026

Implemented (█ - 05/21/2026)

121a - Unobstructed Egress

2. Requirements

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 5/7/26, at 9:24AM, a bench was observed in front of the home's 300 hallway door blocking egress from the 300 hallway.

121a Unobstructed Egress (continued)**Plan of Correction****Accept () - 05/18/2026)**

In response to the inspection, the maintenance coordinator immediately moved the bench from blocking egress from the 300 hallway. The maintenance coordinator checked all exits to ensure they are clear and able to be used. All staff have been notified verbally either in person, or at the staff meeting regarding this regulation maintaining that all exits must be accessible.

The business office manager will update new staff training forms to include education on unobstructed egress, and maintain this information in the staff training record. The maintenance coordinator provides training for all new hires on fire safety and evacuation procedures.

The maintenance coordinator will conduct daily checks for a week, ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Then, checks will be conducted weekly for a month, with any deficiencies being corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

See attached.

Licensee's Proposed Overall Completion Date: 06/19/2026

Implemented () - 05/21/2026)